## 2005 FOR PROFIT-CORPORATION ANNUAL REPORT

## FILED Mar 28, 2005 08:00 AM Secretary of State

1. Entity Name

CRANE CONSTRUCTION COMPANY OF ILLINOIS, INC.



Principal Place of Business

Mailing Address

343 WAINWRIGHT DR. NORTHBROOK, IL 60062 343 WAINWRIGHT DR. NORTHBROOK, IL 60062



## DO NOT WRITE IN THIS SPACE

03152005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIDER, DONALD C C/O SIDER & HIPSMAN, P.A. 150 E. BOCA RATON RD. BOCA RATON, FL 33432

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

<ol> <li>The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</li> </ol>				
SIGNATURE Signature, typod or printed name of registered agent and fille if applicable. (NOTE Registered Agent signature required when reinstating)  DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campalgn Financing Trust Fund Contribution.			ing \$5.00 May Be	
10.	OFFICERS AND DIREC	CTORS		
TITLE NAME STREET ADDRESS CITY-SY-ZIP	PDC CRANE, JEFFREY D 343 WAINWRIGHT DR. NORTHBROOK, IL 60062			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRANDE, RALPH 343 WAINWRIGHT DR. NORTHBROOK, IL 60062			00(4000278817 03, 28/05-80042-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOSER, RONALD 343 WAINWRIGHT DR. NORTHBROOK, IL 60062	 	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PODGORNY, MICHAEL 343 WAINWRIGHT DR. NORTHBROOK, IL 60062			
TITLE NAME STREET AODRESS CITY-ST-ZIP	V EISCHEN, RICHARD 343 WAINWRIGHT DR. NORTHBROOK, IL 60062	:		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRANE, MORTON J 343 WAINWRIGHT DR. NORTHBROOK, IL 60062			
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				